FOR STATE TO DIT IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the leay is necessary, pleas recute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and a to the least director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death.

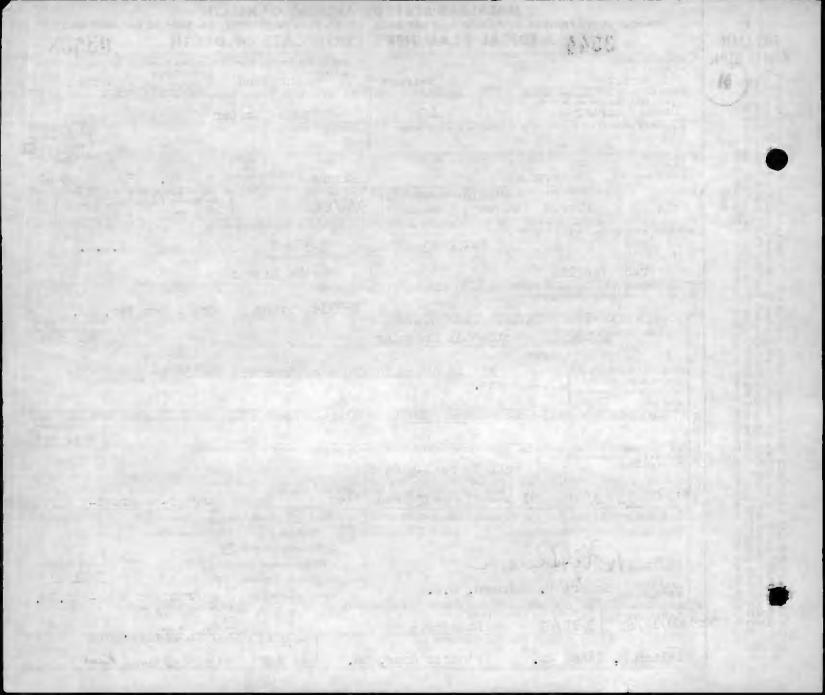
VS. AISME 5M 9/60

1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03538

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3544	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	

a. COUNTY	L		a. STATE	WCD (Where decess	b. COUNTY	_		omission)	
Somerse		MARYLAND		ryland		Somer		a - re-	
Dames Qua	if outside corporete limits, d give neerest town] Arter	Life	N/ -	(If outside corporate Quarter	limits, writa RU	JRAL and giva	nearest low	n)	
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRES	S			ON A	SIDENCE FARM? NO XX	
3. NAME OF DECEASED (Type or print)	Frank	Middla	Bivens	4. DATE OF DEATH	Month Mar.	10 Day	Year 19	61	
5. SEX Male	0 2 3	ARRIED NEVER MARRIED B	9/6/1904		iE (In years IF I Me	UNDER 1 YEAR	Hours	24 HRS. Min.	
done during most of we Seafood 13. FATHER'S NAME	ION (Give kind of work rking life, even if retired)	юь. кімо оғ визімез ок імбизтк Waterman	Marylan 14. Mother's Maide	nd		U.S.		OUNTRY	
Frank	Teagle		Bertha	Bivens					
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	I		Address				
(res, no, or unkown)	i A 42 d i A 6 Met tot deles of sel Aice		Nellie Biv	rens D	ames Qu	arter	Md		
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Accidental Drowning MI									
Conditions, if any gave rise to immed (e), stating the uncause last. PART II, OTHER	nderlying DUE TO	Fell in ditch in out.							
PART II. OTHER	AUSE WAS 20b. I	DESCRIBE HOW INJURY OCCURED, (I	Enter nature of Injury in Po	ert I or Parl II of itam	18.)		PERFOR	40 MEDI	
PRIMARY) (or CO	Fe	ll in road-side	ditch						
20c. TIME OF INJU		20d. INJURY OCCURRED 20e, PLA While Not While It work Road	CE OF INJURY (Homa, far ory, street, office bldg., et ditch	Dames Qu		(County) omerset		State)	
21. I certify th	nat I took charge of the	remains described above, he	ld an Autopsy .	Inspection X	Inquiry	X, and	in my op	inion	
death resulted	rom: Natural causes	, Accident , Suic	ide		rmined mann	ner 🔲			
ACTUAL SIGNATURE	e Dyolus	n	M.D.	DICAL EXAMINER			ATE SIGI		
EXAMINER'S NAME (Type)	Robert H. Joh	mson, M.D.		AL EXAMINERY T	Prince		/11/6: -Som.		
22a. BURIAL, CREMATIC REMOVAL (Specify rial) 12/61	3/12/61	Macedonia	CREMATORY	Dames Qu	(City, town, or		(Stete		
23. FUNERAL DIRECTO		ADDRESS	24a, RE	C'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATI	JRE		
William H.	James Jr.	Princess Anne,	Md. DATE	MAR 1 5 '61	Col	Lun S. Kro	as A		



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the ilmath certificate be executed within 24 hillurs after death. Page 4

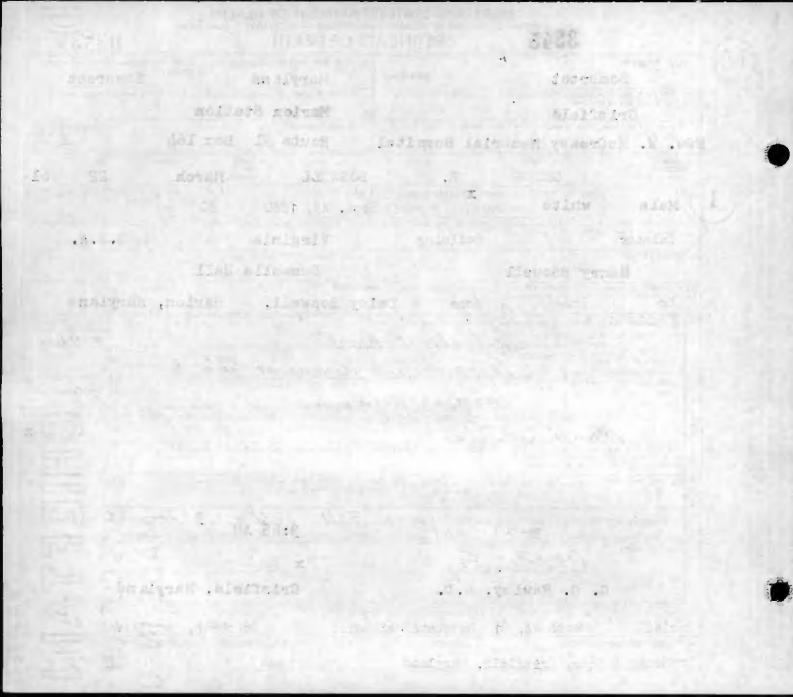
TO FUNER

VR A15 (4) 1SM W/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03530

	1, PLACE OF DEATH 0. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	before admission)								
	Somerset MARYLAND	Maryland Somerset									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Crisfield	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
]	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ldw. W. McCready Memorial Hospital	1 / d. STREET ADDRESS Route #1 Box 164	e. IS RESIDENCE ON A FARM? YES NO								
_	3. NAME OF First Middle Compared to the compa	BOSWELL 4. DATE Month OF DEATH March	Doy Year 22 19 61								
	S) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH Sept. 25, 1880 9. AGE (in years less birthday) 80 9. AGE (in years less birthday) 9. AGE (in years less less birthday) 9. AGE (in years less less less less less less less le	YEAR IF UNDER 24 HRS								
1	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) Rainter Building	7,	S.A.								
	13. FATHER'S NAME Henry Boswell Sennolla Hall										
	Max on or unknown) . If was now war as datas of services	Address aisy Boswell, Marion, Mary	land								
	gove rise to immediate DUE TO	a desongensation 4	INTERVAL BETWEEN ONSET AND DEATH 3 - 4 love -								
3	Iying couse lost. (c) Cardiac aslima Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO										
2	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work										
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 3-21 1961, and that	death occurred $3:45$, from the causes and on the d	, that (1) (we) las date stated above								
	220. SIGNATURE CORRancey	M.D. ATTENDING MED. STAFF SIGNE									
	22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.	Crisfield, Maryland									
	23c. NAME OF CEMETERY Burial Specify March 24, 61 Rehobeth Met	, , , , , , , , , , , , , , , , , , , ,	(Stote)								
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN									
	Bradshaw & Sons. Crisfield. Maryland	DATE MAR 2 7 '61 arthur 8. 1	Traces								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 3546 ofter death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE be filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest towns phould d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS NO NAME OF First Middle 4. DATE DECEASED within 24 OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF lost birthday) WIDOWED P DIVORCED [7] 10a. USUAL OCCUPATION (Give Wild of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death during most of working life, even if retired) and carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN.U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur o. ft. Not while at wark at work p. m. 21. I certify that I attended the deceased from 196/ that I last saw the deceased and that death accurred at 5-2 A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or fown, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county)

ADDRESS

Reg. Dist. No. (1354)

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

2 week

month

(State)

DATE SIGNED

(Stole)

PERFORMED? YES NO

Davi

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR MAR 2 0 61

DATE

Months

e. IS RESIDENCE ON A FARM?

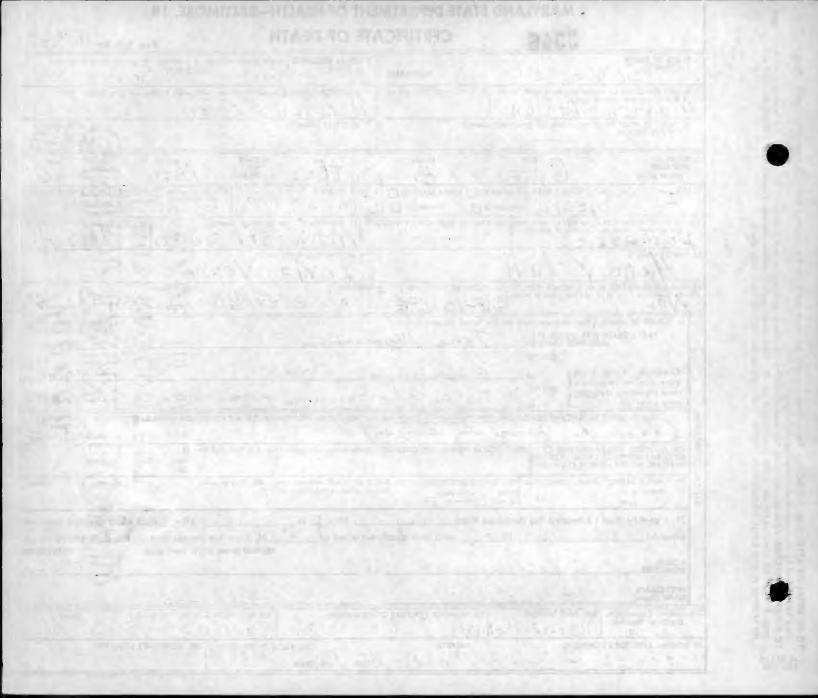
YES NO

Year

19

may be FUNER 2

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

25/19

03541

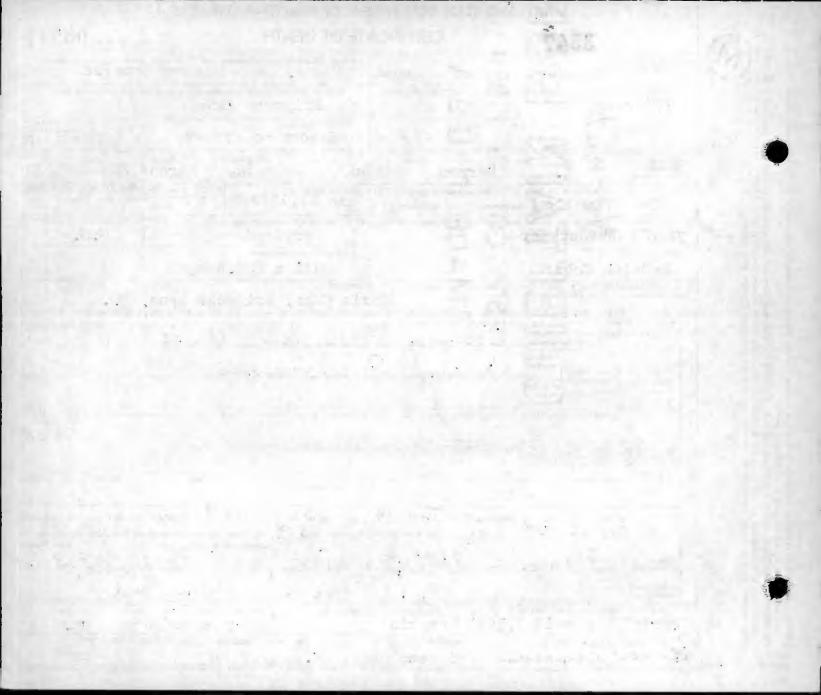
5341		CERTIFICA	TIE OI DEATI		Reg. Dist. No. (100) 21
1. PLACE OF DEATH o. COUNTY Somerse	t	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	on: Residence before admission) Somerset
b. CITY OR TOWN (If outside corporate Princesses Affine	limits, write c. LEN	IGTH OF STAY IN 16		utside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION	tal, give street address)	d. street address Beechwood	od Street	e. IS RESIDENCE ON A FARM? YES \ NO \textsquare
3. NAME OF DECEASED (Type or print) E to	First Herm	an Middle Co	hn lost	4. DATE Mon	
s. sex 6. color or R white	WIDOWED	DIVORCED	June 11, 18	9. AGE (In years lost/blithdoy) yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of a Fouring gross of working life carrier Feed Manufactur	vork done 10b. KIND C	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole Maryla		12. CITIZEN OF WHAT COUNTRY
Rudolph Cohn			14. MOTHER'S MAIDEN N	Mumphreys	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no. or unknown) (If yes, give wor or dot			FORMANT ris Cohn, F	rincess Ann	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	BY: ALA	nary (Lecherious Cles	- acute	INTERVAL BETWEEN ONSET AND DEATH
CATIC					/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH IER	OW INJURY OCCURRED). (Enter noture of injury in f	ort I or Port II of Item 18.)	
20c. TIME OF INJURY Month, Doy, Hour o.m. p. m.		of while foc	CE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended alive an March 2 ACTUAL SIGNATURE Thomas NAME (Type)	the deceased from 8, 1961	and that death	accurred at 8 -2		that I last saw the decease of an the date stated above state) DATE SIGNE 3/30/6
220. BURIAL CREMATION, 22b. DATE THE PROPERTY APRIL		Manokin	CREMATORY	22d. LOCATION (City, lown,	or county) (Stote) Anne Md.
23. FUNERAL DIRECTOR'S SIGNATURE		incess An	ne, Md DATE		STRAR'S SIGNATURE

ely filled they the funeral director, Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be a led by the haspital or ottending physician.

TO FUNERACYDIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

s after death. Page 4

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	3348		CERTIFIC	CATE OF L	DEATH			Reg. Dist.	No.	11359
1. PLACE OF DEATH a. COUNTY Somers	et		MARYLANG	II O. STATE	DENCE (When	re deceased	lived. If institution by COUNTY OTHE		before ad	mission)
b. CITY OR TOWN (IF RURAL and give near Champ	outside corporate limit trest town)	is, write	c. tength of stay in 11	c. CITY OR		tside corporo	te limits, write R	URAL and giv	re nearest t	lown)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street a	ddress)	d. STREET A	DDRESS				0	RESIDENCE N A FARM
3. NAME OF DECEASED (Type or print)	Albert	it	Middle Dash	11	1	4. DATE OF DEATH	Marel		Day	Year 196:
male	6. COLOR OR RACE White	WIDOWE		June 3	,1887		AGE (In years last birthday) 73 yrs.	Months D	YEAR IF U	
machinest	N (Give kind of work on ng life, even if retired)		IND OF BUSINESS OR INI			r foreign cou	ntry]		S.A.	HAT COUN
Sydnes Sydnes S. WAS DECEASED EVER Yes. no. or unknown) [III	Dashiel IN U. S. ARMED FOR: Tyes, give wor or dorse of to	CES? 16. S	OCIAL SECURITY NO. 17	14. MOTHER'S		Winds	Add			
PART I. DEAT	mediate (M;		Mrs. Ne. infarcti rotic he	on			namp,	ONSET A	BETWEEN NO DEATH
	FR SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART I	(a) 19. W. PE YES	RFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY N 20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH		_ Not while _	PLACE OF INJURY I factory, street, office	Home, form,			(Co	unty)	[Sto
alive on 3-	t I attended the 25-61	decease , 12 C . Sut	and that dec	ith accurred at	_10A_	M, fram	the causes of the cause of the causes of the causes of the cause o	nd on the	date st	
220. BURIAL, CREMATION REMOVAL (Specify) Direlal 23. FUNERAL DIRECTOR'S	3-27-19	F	22c. NAME OF CEMETERY Oriole Cen ADDRESS			Orio		r county)		Stote)
Towns	K. Wils	en F	rincess Ar	me, Md.	DATEMAR			thun S. A		

Anne,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNER VS A15 (4) 15M 9/SS

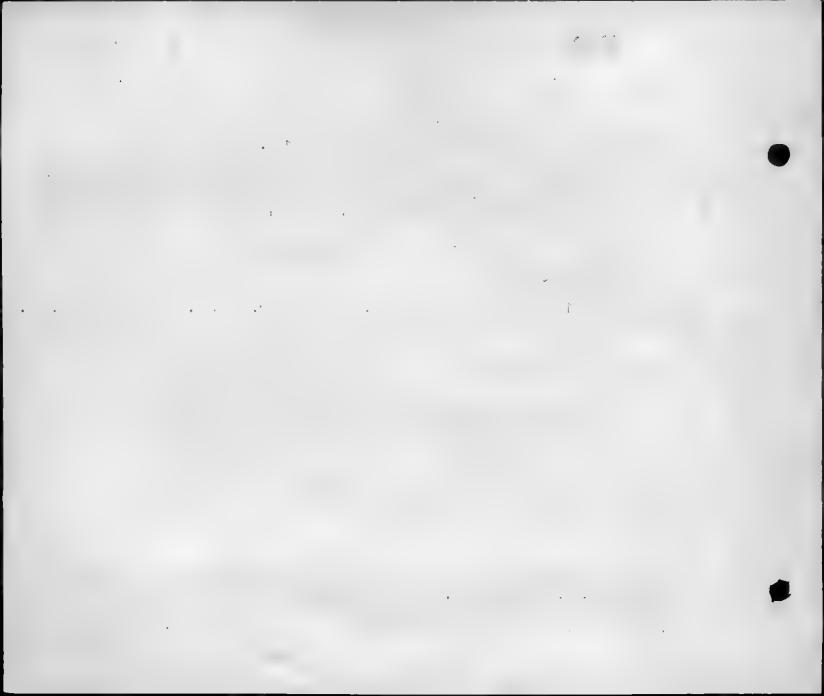
DEUNER MRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shackd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

led by the hospital or ottending physician

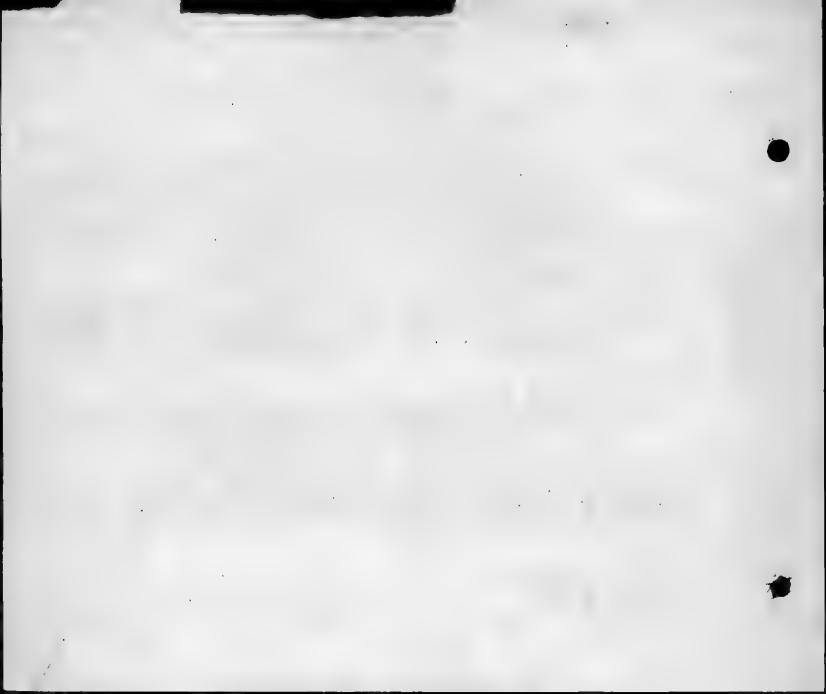
ell de dis * The state of the same - I saw I have a transfer latter than I the second second second The Carlot of the Control of the Con

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution; Residence before admission) n. COUNTY Page **b.** COUNTY Somerset Somerset MARYLAND director, P b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give neerest town) YOUR Crisfield Crisfield years d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? McCready Memorial Hospital (minutes) 101 W. Main St. NAME OF Middle 4. DATE DECEASED 3 to the EDWARD **EVANS** (Type or print) SNEADE 19 61 DEATH March after with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED age 5 may b 1 and 2 with 72 hours aff B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR, IF UNDER 24 HRS. (ast birthday) 2, and Male Sept. WIDOWED [DIVORCED 104. USJA. OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or fore gir country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seafood Maryland Waterman pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mitchell Evans Phoebe ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordelesofservice). e along with the transit permit Edw. S. Evans, Jr., 101 W. Main, Crisfield, Md. 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Was dead when seen by me -PART I. DEATH WAS CAUSED BY: - 10 min IMMEDIATE CAUSE (e) Office DUE TO burial (0) DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8) 19. WAS AUTOPSY PERFORMED? 2 ute the certificate, writing the word NO Medical plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the L DIRECTOR: Pa et work el work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes 1. Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE. 3/4/61 DEPUTY MEDICAL EXAMINER T EXAMINER'S C. G. Rawley. NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226. DATE THEREOF T 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Baptist Cemetery Eurial Pocomoke City, Maryland 6, 1961 Mar. 40 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE / VS. A15ME arthur B. Brough Bradshaw & Sons, Crisfield, Maryland 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division & TRANSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) director. Programmes vour files e. COUNTY a. STATE b. COUNTY THE R VALUE OF REAL PROPERTY. b. CITY-OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) wija RERAL and give nearest town Mucisd. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE Boar ON A FARM? refained he State B YES NO T NAME OF Middle DATE Month DECEASED the (Typa or print) DEATH 19 AGE IIn Veers HE UNDER 1 YEAR 5 may be od 2 with 1 hours-afte 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. WIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pages within 13. FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unkown) | [If yes givawar or dates of service] perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), INTERVAL BETWEEN SET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, noval, 9 Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying 93 PART II. OTHER'S GMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO "0 20b. DESCRIBE HOW INJURY OCCURED, IEnler nature of injury in Part I or Pert II of item 18.1 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief MEDICAL the C. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While Sectory, street, office budg., Brc.) 20c. TIME OF INJURY Month, Dey, Year 2Df. [City or town] (County) (State) While Not While 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion 0 Suicide Homicide Undetermined manner death resulted from: Natural causes Accident DIRE CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Type) 22a, BURIAL, CREMATION. 22d. LOCATION (City, lown, or country) 22c. NAME OF CEMETER (State) REMOVAL (Specify) 40 6 mile 10ta 40. REC'D BY REGISTRAR I FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME Cirthur & Thomas 5M 9 60



255, REGISTRAR'S SIGNATURE

Circling S. Kraus

250. REC'D BY REGISTRAR DATMAR 1 3 '61

	3551	CERTIFICA	TE OF DEATH		(199,29)
1.	PLACE OF DEATH a. COUNTY SOMERSET	MARYLAND	II g. STATE	here deceased lived. If institution $YLAND$	an Residence befare admission) SOMERSE T
	b CITY OR TOWN (If autside carporate limits, write c RURAL and give nearest lawn) CRISFIELD	LENGTH OF STAY IN 15		outside carporate limits, write R $SFIELD$	URAL and give nearest town)
1	d NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION DW. MCCREADY MEM		ROUE 1, B	0x 208	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) CHARLES	Middle	HOLLAND	4. DATE Man OF DEATH MAR CH	10
S.	SEX 6 COLOR OR RACE 7 MARRIED $MALE$ NEGRO WIDOWED		8 DATE OF BIRTH MAY: 10, 1	9. AGE (In years last burthday) yrs	Manths Days Haurs Min
	USUAL OCCUPATION (Give kind of work dane lob. KIN during most of working life, even if retired) LABORER FATHER'S NAME	TER Shucke	0 1 -1	or fareign country	12. CITIZEN OF WHAT COUNTR
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC (If yes, give wor or dates of service)	17.11 1-03-7542	HOELENE	G. Tranth	ress A M
	1B. CAUSE OF DEATH [Enter anly one cause per line for PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO)	editis Pastir-inte	stead Type	interval Between onset And Death
CERT FICAT ON	PAW I) OTHER SIGNIFICANT CONDITIONS CON OR CONTRIBUTING 20b DESCRIB OR CONTRIBUTING 20b DESCRIB	et Diesel	NOT RELATED TO THE TERM The provide the control of	toeren	YEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJU Haur a.m. While		ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc		(Caunty) (Stat
	21. I certify that (I) (this haspital) attended saw the deceased alive on 3–6	0 4	3-4 19 death accurred at	OPU.	7, 19, that (I) (we) land on the date stated abov
	22c. SIGNATURE Q M. Ban, V. 22c. PHYSICIAN'S NAME (Type)		M.D PHYS & DI	ED STAFF PHYS	3/8/6/
23	A. N. BARR,	M. D. 3c. NAME OF CEMETERY C	OR EREMATORY	IELD MARYI	

may be need by the haspital ar attending physician.

O FUNE (2) DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL TO FUNE VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

the funeral director, shauld be filed with

75

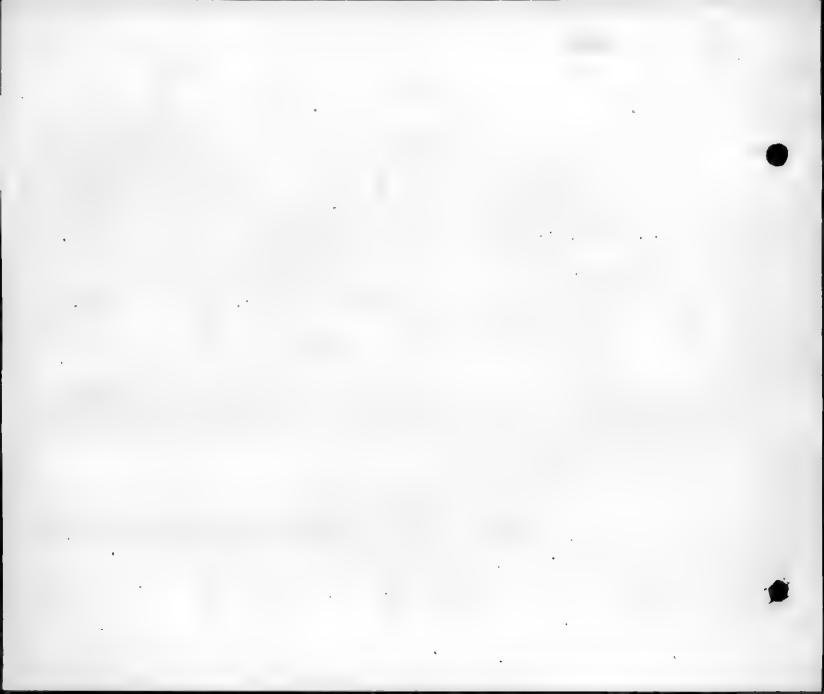
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And the second

19-23-39-2

death certificate

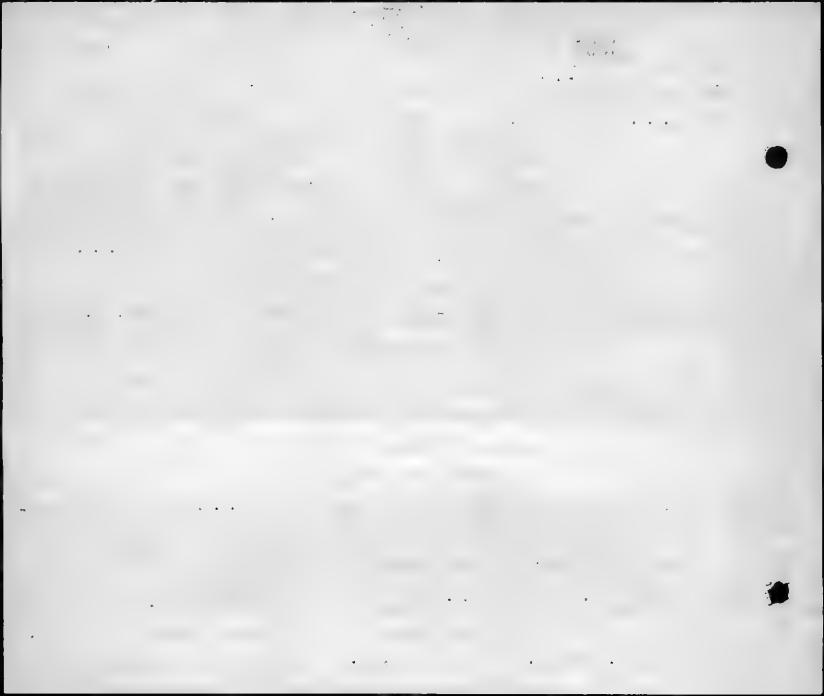
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



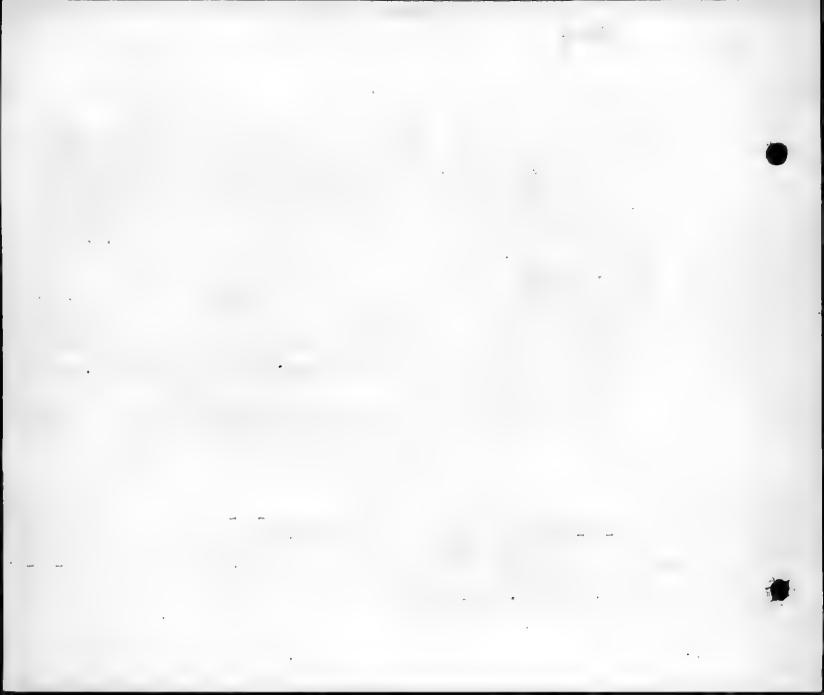
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmiss on) I director. Page or your files. COUNTY a. STATE b. COUNTY Somerset MARYLAND Marvland Somerset b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I'm is, write RURAL and give neerest town) write RURAL and give nearest town! R.F.D. Westover, Ad. Life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Manokin d. STREET ADDRESS «. IS RESIDENCE ON A FARM? retained he State 8 YES NO K 3. NAME OF Middle Last 4. DATE Yeer Month DECEASED OF the (Typa or print) DEATH George Alonzo Horsey March 19 Page 5 may be as 1 and 2 with the in 72 from s after 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months | Days Hours Colored WIDOWED [DIVORCED Male February 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, aven if retired) form PM3. Pa it. File pages 1 event within Seafood Maryland U.S.A. General Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leon Horsey Emma Cannon IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no, or unkown) | (Ifyes give wer or dates of service) Office along with the burial-transit permit moval, and in any e Manokin, Yes 1956 211-32-0108

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Leon Horsey Md. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alon IMMEDIATE CAUSE (a) Accidental Drowning. None removal **DUE TO** Conditions, if eny, which gave rise to immediate cause 40 **DUE TO** (a), stetling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [[a]] 12, WAS AUTOPSY CERTIFICATION ifficate, writing the word " of to the Chief Medical Ex STOR: Page 3 should be u nt, prior to burial, crematic PERFORMED? cremaf NO X 200. EXTERNAL CAUSE WAS PRIMARY KI OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of item 18.) Boat capsized and boy could not swim. 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY (County) (Stute) Not While factory, street, office bldg., etc.) While 196] prior el work et work R.F.D. Westover-Somerset-Md. Back Greek DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 777. Inquiry VY and in my opinion sasse en acuit time certain should be forwarded FUNERAL DIRECT Accident XX Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED designat SIGNATURE DEPUTY MEDICAL EXAMINER Y EXAMINER'S elty, town, or county) incass Ann NAME (Type) H. Johnson, M.D. Address (Streat, city, town, or county) DE 224, BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 240 p Burial John Wesley Cottage Grove Md. 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISIM William H. James Jr. Princess Anne, Md. SM 9/60 DATEMAR 9 '61 arthur & Kraua

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3555

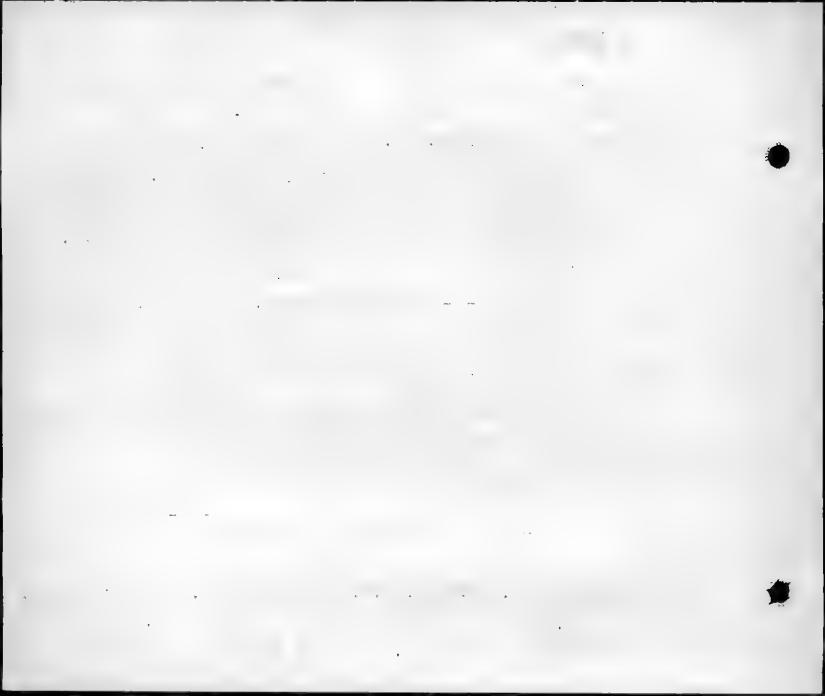
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(a	El	RT	ΊF	IC	A	TE	OF	DE	ATH

03549

PLACE OF						ENCE (Wh	ere deceased live			e before adr	nission)
o. COUNT	SOMERSET		MARYL	AND	o. STATE	ARY	AND	b COUNTY	So	MER S	ET
RURAL	R TOWN (If outside corporate time and give nearest town) RISFIELD	iits, write C	LENGTH OF STAY I	N 1b	Y D A		utside corporate	limits, write I	RURAL and gi	ve nearest to	own)
1 CO	OF HOSP TAL (If not in haspital,			D.	d. STREET AL	-	VE STR	EE T		10	RESIDENCE I A FARM?
3. NAME OF DECEASES (Type or p	_	irst E	Middle H		MADD.	RBY	4. DATE OF DEATH	MAR		15	Yeor 19 6.1
S. SEX MALE	6 COLOR OR RACE		NEVER MARRIE		DATE OF BIRTH		1 1	GE (In years ist birthdoy) yrs	IF UNDER	YEAR IF UN Days Hou	IDER 24 HRS
/L during n	OCCUPATION (Give kind of work nost of working life, even if retired a Chinist	1)	nd of Business of		2.0	CE (State	_	γ)		S. A	T COUNTRY?
13. FATHER'S					14 MOTHER'S	MAIDEN N	AME				
	JAMES MADDR					RGII	VIA WA				
Yes, no or unk	CEASED EVER IN U.S. ARMED FO nown) (If yes, give war or dates of	Hervices	5-05-5745		ORMANT VA MAD	DRI	K, CRI	SFIE	iress LD <u>M</u>	AR YL	AND_
Condi	JSE OF DEATH [Enter only one of PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (Due to more). The part of the part o	VEN	far (a), (b), ond (c)] TRICULA ERIOSCL			ATI (DISEA	SE		ONSET AI	NOWN
lying c	Cause lost.	c) NDITIONS <u>CO</u> I	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THETERMI	NAL DISEASE CO	NDITION GI	VEN IN PART	PER	FORMED?
200 ACI OR CON (IF EITHE	PERNIC CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF DEATH CR, NOTIFY MEDICAL EXAMINER)	20b DESCRI	ANEMTA IBE HOW INJURY OC	CURRED.	(Enter nature of	injury in f	ort For Part II a	f item 18.)		YES	NO.
	EOFINJURY Manth, Day, Your a.m. p. m. 19	While at wark [Nat while	20e PLAC facto	E OF INJURY (H ry, street, office	ame, farm, bldg., etc.			(Ca	ounty)	(Stote)
saw th	ertify that (I) (this hospital deceased alive on 3:		d the deceased to 1961, and	from N .(VEMBE	B 19		→15- couses or	, 16 <i>1</i> and on the	_, that (I dote stat	
22a SiG	Charles W.	Rith	gow	M.		2 D1	D S	TAFF HYS			226 DATE SIGNED
NA/	(SICIAN'S WE (Type) CHARLES CREMATION, 236 DATE THERE		TTHGOW,	M. I		-	BILD		RISF		
Buris	AL (Specify) Mar. 18,	1961	Sunnyridg	e Cen			Crisfi	eld, M	id.		tate)
24. FUNERAL	brector's signature Bradshaw & Sons	- Cris	sfield, Md	•		DATE MA	BY REGISTRAR VR 2 0 '61	25b, REG	ISTRAR'S SIG	NATURE Flower	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours effect death. VR A15 (4) 1SM 9/S9



CERTIFICATE OF DEATH Reg. Dist. N. 3550 3556 be filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) .. COUNTY Somerset b. COUN Somerset Maryland MARYLAND deoth. Pro b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown)
Crisfield should lifetime Crisfield d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Somerset Avenue at home YES NO T NAME OF Middle DATE Day Yeor DECEASED 24 Maddirix 30 Olivia March 61 [Type or print] 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED DE DIVORCED [ē papers. YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) household Maryland USA household and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charlotte Dize James Ward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address no Mrs. J. Yancey Fincher. Crisfield, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ₽ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. any Conditions, if ony, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 🗀 NO 🔯 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., atc.) Hour D. m. Not while of work at work 1960, to March 30 1961, that I last saw the deceased 21. I certify that I attended the deceased fram. that death accurred at 124. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE P PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Crisfield Cemetery buri.a. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24s, REC'D BY REGISTRAR 24b. RÉGISTRAR'S SIGNATURE Crisfield, Md. DATE APR 6 **VS A15 (4)** 15A4 III/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

3557 CERTIFICATE OF DEATH

03551

1 PLACE OF DEATH	erset			MARYLAND	a. STATE	DENCE (When		d lived If instituti b. COUNTY	-	e before odm	issian)
b. CITY OR TOWN (If or RURAL and give neare	itside carporate lim	its, write	c. LENGTI	days	-	TOWN (If aut		rate limits, write R			wn)
d NAME OF HOSPITAL OR INSTITUTION M	Of not in hospital in		oddress		d STREET A		-			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Will		F.	Middle	Marshall		4. DATE OF DEATH	Mar Maj	re la	10	Year 1961
s sex M	COLOR OR RACE	7 MARE	_	VER MARRIED	8. DATE OF BIRTH			9. AGE (In years last birthday) 75 yrs		YEAR IF UN	
10a. USUAL OCCUPATION during most of working Waterman 13. FATHER'S NAME	(Give kind of work life, even if retired	done 10b.		usiness or ind		ertor	a, Me			EN OF WHAT	COUNTRY
W:	illiam I			CURITY NO 17	Ma	ggie	Tyle	P1°	ress		
	es, give war or dates of :	ervice)	none			ler,	Tyle		/d.		
	WAS CAUSED BY: MEDIATE CAUSE (c which ediate under- DUE TO		te fr	al ,	Hemorr o se lero						
PART II. OTHER		DITIONS (UT NOT RELATED TO				/EN IN PART	PERI	S AUTOPSY FORMED?
200. ACCIDENT WAS I OR CONTRIBUTING U (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. m.	DICAL EXAMINER)	ļ	NJURY OCC	URRED 20e.	PLACE OF INJURY (factory, street, affice	Hame, farm,			{C	ounty)	(State
22c. PHYSICIAN'S	To Ra	wl	196	1 and that	death accurred M.D. ATTENDING PHYS 22d ADDRI	d de : 08	PieMe			date state	
NAME (Type)	C.G. Rav							, Cris			
230 BUR AL, CREMATION REMOVAL (Specify) BURIAL	Mar. 14,	1961			Cemetery			TION (City, tawn, ton, Smit	h Isl	and, M	id.
Bradshaw & Se		field	ADDR			25a. REC'D	by regist AR 2 (STRAR'S SIG	A. Thous	

the funeral director, shaud be filed with by the funeral Then please remave carban papers. Pages 1 and may be led by the haspital or attending physician.

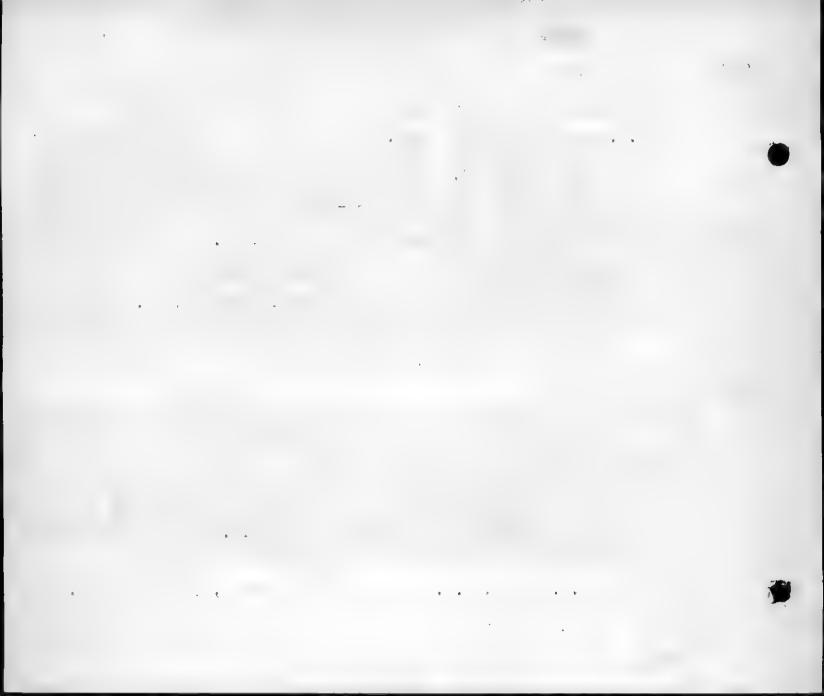
D FUNER ORECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO FUNERA

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

thours after death. Page 4

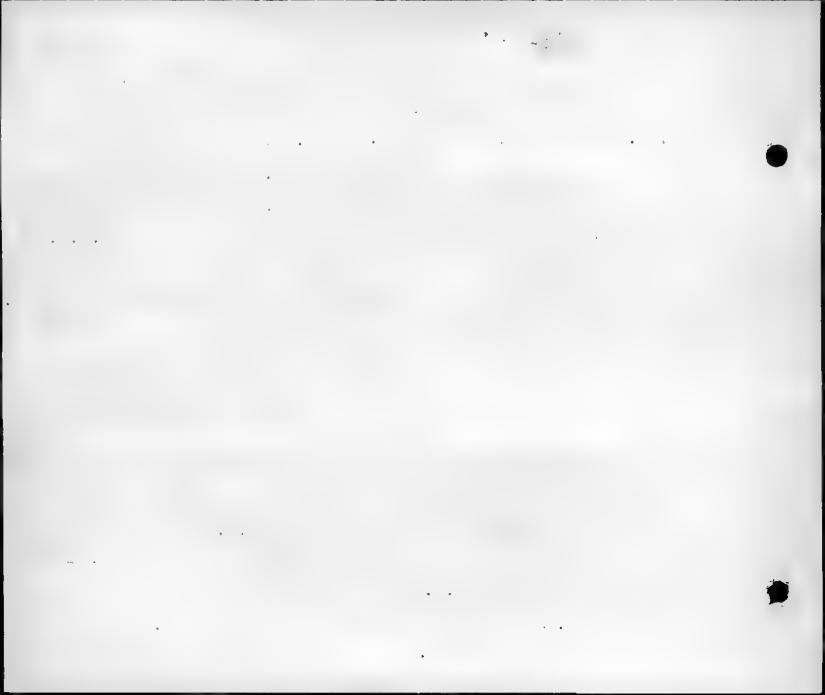
TO HOSPITE VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND 3558 CERTIFICATE OF DEATH al director, filed with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY SOMERSET SOMERSET MARYLAND MARYLANDfuneral b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) å P RURAL and give nearest town) proous A weeks MARION Grisfieldd. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS m. IS RESIDENCE ON A FARM? OR INSTITUTION MCCREADY MEMORIAL HOSP > C4 R.F.D. pup NAME OF Middle 4 DATE Month Year DECEASED OF DEATH oges 1 THOMAS ARZIE MORGAN, SR. 1961 Filec MARCH (Type or print) death 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS S. SEX 9 AGE (In years last birthgay)
O Dyrs. Months MALE Dovs WHITEWIDOWED TA DIVORCED [AUGUST campl paper haurs 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if relired) MAR YLAND U.S.A.Sawmil1 Laborer and pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ľ, COL .⊆ JOHN MORGAN RETTY Somers g physical IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address LOUISE HARRISON CHARLOTTE CRISE. AVE Buildi NONE NO edse 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN aften ONSET AND DEATH ā PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate MEDICAL 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or Jawn) (County) (Stote) factory, street, office bldg., etc.) Hour a. m While Not while al work al work After 19 6 4that (1) (we) last 21. I **certify** that (I) (this hospital) attended the deceosed from saw the deceosed alive on MAR_{\odot} 31 161 , and that detached saw the deceosed alive on MAR and that death accurred at Aron the causes and on the date stated above. by the ned by the DIRECTOR: / 22o SIGNATURE 22b. DATE 4-1-6 SIGNED MED DIRECTOR STAFII PHYS PHYS M D 22c. PHYSICIAN'S 22d. ADDRESS PEYTON. M.D. CRISFIELD. MARYLAND FUNE 0 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) BUT 19 (Specify) Mariners Cemetery Crisfield. Md. he 2 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR Bradshaw & Sons--Crisfield. Md. APR 11 '61 arthur & House

ofter death. Page

VR A1S (4) 15M 9/59



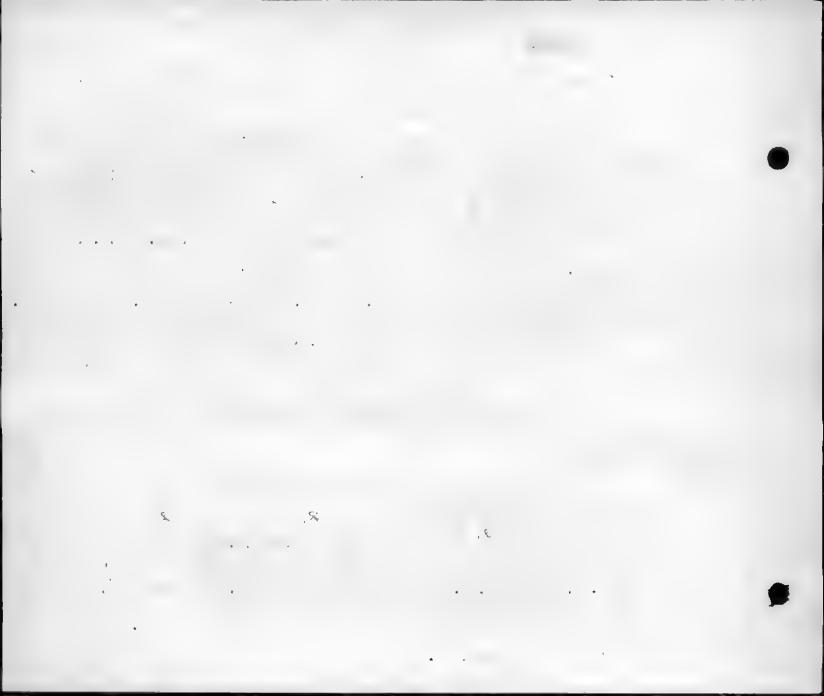
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3559

03552

1	1 PLACE OF DEATH G. COUNTY SO	merset		MARYL		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY Somerset							
, ,	RURAL and give no Cr	isfield		Lifetime	N 1b		SWN (IF o		rate limits, write i	RURAL and giv	e nearest taw	n)	
	d. NAME OF HOSPIT	Main Stree	ive street odd	dress)		d. STREET AD	_	Stree	et		ON	SIDENCE A FARM? NO (A)	
_	3. NAME OF DECEASED (Type or print)	MARG/		Middle EDITH	PE	YTON		4. DATE OF DEATH	Marc		Doy Year 1 19 61		
I	s SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIE		ATE OF BIRTH	31, 1	870	9. AGE (In years last birthday) 90 yrs.		YEAR IF UND	ER 24 HRS Min	
	Housewif	ing life, even if retired)		Home		DUSTRY 11. BIRTHPLACE (State or foreign country) near Marion Station, Md. U.S.A.							
John A. Adams 14. Mother's Maiden Name Mary Ann Beauchamp									np				
	1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give wor or dates of se	IPVICED .	None	Dr.		M. Pe	yton-	-33 Main		risfic	eld, Ma	
		TH [Enter only one con TH WAS CAUSED BY (MMEDIATE CAUSE (a	1	ronard	y The	rom	6050	4			INTERVAL B ONSET AND	ETWEEN DEATH,	
	Canditions, if a gave rise to i cause (a), stating lying cause last.	ny which (b)		Tent as		iosel	eno:	915			Med	211-	
		JER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEA	H BUT NO	T RELATED TO 1	THE TERMI	NAL DISEASI	E CONDITION GIV	VEN IN PART 1	PERF	AUTOPSY DRMED?	
		S UNDERLYING DEATH MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OC	CURRED. (E	nter nature of	injury in f	Part I ar Part	t II af item 18.)				
	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yeo 19	While of work	Not while		OF INJURY (He , street, affice i			ar tawn)	(Co	unty)	(State)	
	21. 1 certify that saw the decease 22a SIGNATURE 22c. PHYSICIAN'S	t (I) (Ithis hospital ed alive an M INCCU) attended ar 1, 1, 2, Ply	the deceased to 1961, and	fram. 7 that deat	ATTENDING	10:30 M	M from	the couses or		date state		
	NAME (Type)	C. G. Rawle					Mai		Crisfi				
	23a BUR AL, CREMATIO REMOVAL (Specify) Burial	March 4,		Crisfield		ery		Cr:	isfield,	Md.	(Ste	ite)	
	24 FUNERAL DIRECTOR	s signature & SonsCr	isfiel	d, Md.			250 REC'	NAR 7		STRAR'S SIGN			



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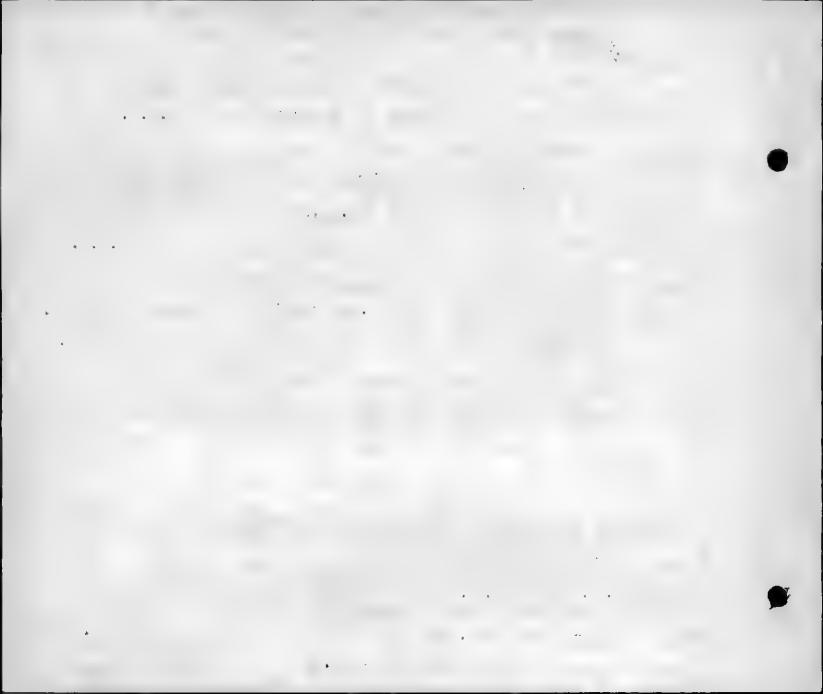
OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (13553

PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
. COUNTY	erset		MARYLAND	O. STATE	aryla	nd	S. COUNTY	erset	
5. CITY OR TOWN (t outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16			tside corporate	limits, write RU	RAL and give	nearest tawn)
Princes			35 Vears	Pri	ncess	Anne	R.F	7. D.	
		If not in hosp	ital, give street address)	d STREET					a. IS RESIDENCE
									YES NO
3. NAME OF	Fi	st	Middle	la	4.	DATE	Month	Day	Year
DECEASED [Type or print]		rthur		1)via		OF DEATH	March	18	1961
S. SEX	- -		NEVER MARRIED	Street in such such such such such such such such		9. AG	E (In years IE	UNDER TYEAR	
male	white	WIDOWED	-		1898	62	birthday) N	Conths Days	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b. Ki	ND OF BUSINESS OR INDUS					12. CITIZEN C	OF WHAT COUNTRY?
Poultry	ng life, even if refired)				rinia				
13. FATHER'S NAME	strate.		<u></u>		WAIDEN NAM	IE.		U.S	· A ·
	C47-4								
	rur Silvia		OCIAL SECURITY NO. 117.	INFORMANT	ah Mar	snell	Address		
(Yes, no, or unknown)	(If you, give war or dates of								24.0
				s. Ali	ce_Sil	VIA P	rince		
1 1	TH [Enter only one con							ONS	ERVAL BETWEEN SET AND DEATH
(()	IMMEDIATE CAUSE (0)	Arter	iosclerotic H	eart Dis	ease		A	3	Yrs.
1 4 = 0.	DUE TO								
Canditions, if a									
(o), stating the									
cause lest.	(c)								
PART H, OT	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	LDISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
[Z]									YES NO 1
PART #, OT	NTRIBUTING [b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of i	njury in Part I o	or Parl II of iten	n 18.)		
20c. TIME OF INJU	RY Month, Day, Ye			ACE OF INJURY (Home, form,	20f. (City or tov	vn)	(County)	(Stote)
Hour o.m.	19	While of worl	Not while	iory, moci, omo	bidgi, didiy				
21. I certify t	hot I took chorge	of the re	emoins described obe	ove, held on	Autopsy], Inspec	tion k	Inquiry 🔯	, and find that
deoth resulted	from: Notural	causes 🔀	, Accident , Su	icide 🔲, H	Iomicide [7. Undete	rmined cou	Jse 🗍.	4"
	3.10	-		-					
ACTUAL SIGNATURE	MX Hou	Mer		M.D. CHIEF A	AEDICAL EXAM	INER 🗀			DATE SIGNED
	//				INT MEDICAL E	EXAMINER [Marc	h 20, 1	.961
EXAMINER'S H	. H. Johnson	on M .	D.	DEPUTY	MEDICAL EXA	MINER 😿 💲	Somerse	t Count	У
22a. BURIAL, CREMATIC REMOVAL (Specify	N. 226, DATE THEREC)F 2	2c. NAME OF CEMETERY OF	R CREMATORY	220	d. LOCATION (City, town, or o	county)	(State)
burio?	3-21-61		the Andrew	cemeter	У	Princ	ess Ar	me, M	d.
23. FUNERAL DIRECTOR			ADDRESS		240. RECD B	Y REGISTRAR	24b. REGISTR	AR'S SIGNATU	IRE
LLVY	li slover	Pr	incess Ann	e, Md.	DATÉ	2 3 '61	an	Chur & the	
								7.74	444

VS. AISME(S) SM 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 3561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased fived, If first fution: Residence before admission are director. Page ed for your files. a. COUNTY **b.** COUNTY Somerset Maryland MARYLAND b, CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporata limits, write RURAL and giva nearest town) write RURAL and give nearest town)
Crisfield Dundalk 2 days d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) Page 5 may be retained it is 1 and 2 with the State Build 72 hours after death. 8100 Mid Haven Rd. 102 Main St. 3. NAME OF First Midd e 4. DATE DECEASED after death. If PAUL FULLER TOWNSEND March (Type or print) DEATH 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS." last b rthday) July 8, 1894 ve Pages 1, 2, and Male White WIDOWED DE DIVORCED T 10a, USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Mechanic, retired Automobile Somerset County, Md. pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . Give John B. Townsend Martha Cox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17, INFORMANT Address (Yas, no, or unkown) ((fyasgiva waror dates of sarvice) 213-10-2269 Preston Townsend-8100 Mid Haven Rd. Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Dundalk 22. Md. burial-transit PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Heart condition. (Had long history of treat+ Minutes - ment for cardiac condition. Nitroglycerin (b) and digitalis were found on body. writing the word "minding a Chief Medical Examiner's DUE TO (a), stating the underlying Medical Examir should be used ral, cremation, c PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. DE TY MEDICAL EXAMINE east.

Cute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJUSY 20d. INJURY OCCURRED 20g. PLACE OF INJURY (Homa, farm, 20f. (City or lown) o D Month, Day, Year factory, street, office bldg., etc.) Whila Not While 3/10/1961 at work prior Inspection A 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Natural causes X, Suicide | death resulted from: Accident 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S D. G. Rawley, M.D. NAME (Typa) Address (Street, city, town, or county) 22e. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Crisfield Cemetery Crisfield, Somerset County, Md. 40 8 Burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE Bradshaw & Sons -Crisfield. Md. SM 7/59 DATE MAR 2 0 '61 athur & Hours

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

ON A FARM?

YES NOTE

1961

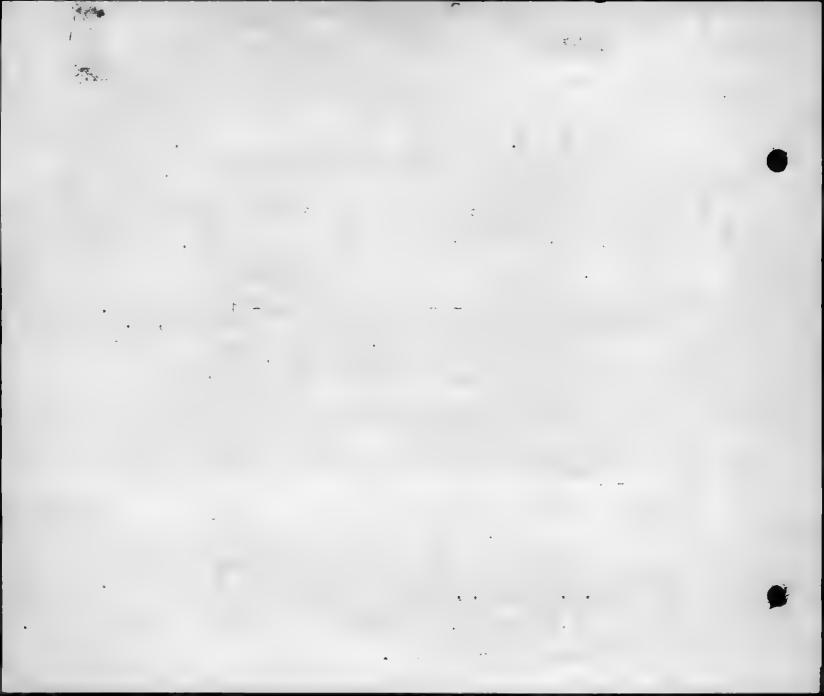
INTERVAL BETWEEN

PERFORMED? NO X

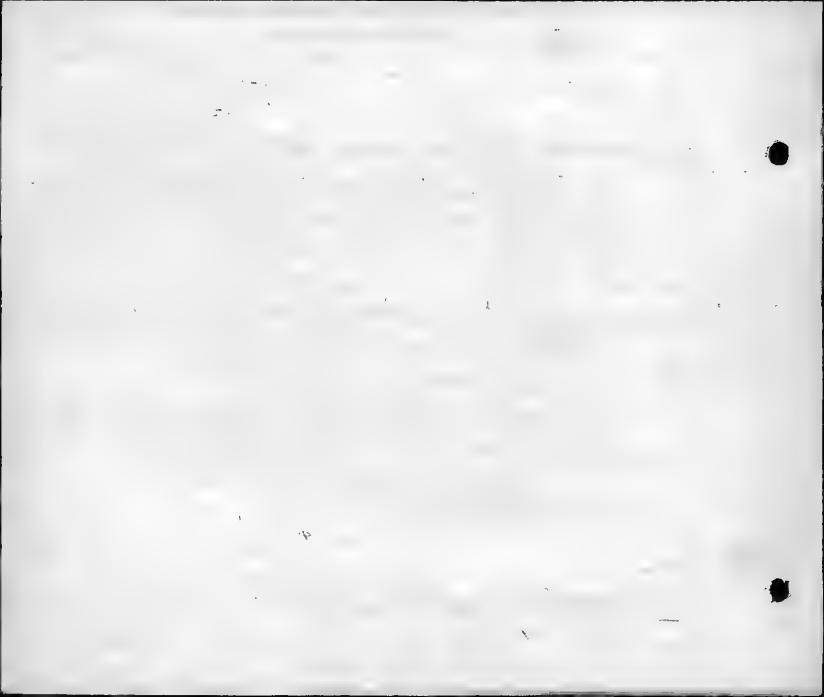
(State)

and in my opinion

DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03555 **CERTIFICATE OF DEATH** 3562 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE OMERSE Fled **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c ,CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) M. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO L DATE OF DEATH 0 NAME OF Year DECEASED (Type or print) 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years tost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? n Aborer ARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT GENCYA 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO codise (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO -20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not white of work of work p. m. 21. I certify that I attended the deceased fram__ ____that I last saw the deceased eath accurred at 430 A.M. from the causes and on the date stated above. ___, and that alive an__ ADDRESS (Street, city or town, state) ACTUAL SIGNATURE NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chillier & Thous VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 3563 Reg. Dist. No director I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY be filed Maryland b. COUNTY Somerset MARYLAND Somerset death. erai b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) Cristield lifetime Crisfield ploods d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE at home Lawsonia NAME OF First Middle 4. DATE Month Day filled DECEASED Carl Mard March 30 (Type or print) within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH completely 4 Months Dovs June 21. 1893 М WIDOWED T DIVORCED T YES. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. Bus. Administrator Vet. Adm. Officer Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zack Ward Minnie Ward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Crisfield. unknown Meyer L. Ward ves unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying cause lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of item 18.) as the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour g. m. factory, street, office bldg., etc.) While Not while at work 🗍 at work p. m. march, 196/ that I last saw the deceased 21. I certify that I attended the deceased from 19_____, and that death occurred at______M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

RECTOR: å registrar TO FUNER (7) VS A15 (4) 15M 9/55

ACTUAL SIGNATURE

PHYSICIAN'S

NAME [Type]

burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Crisfield, Md.

American Legion Ceme.

22c. NAME OF CEMETERY OF THE PORT

24a, REC'D BY REGISTRAR DATE APR 6

24b. REGISTRAR'S SIGNATURE Chilling S. Kraus

22d. LOCATION (City, town, or county)

Criskield

ON A FARM?

YES NO DE

Yeor

Hours

Md.

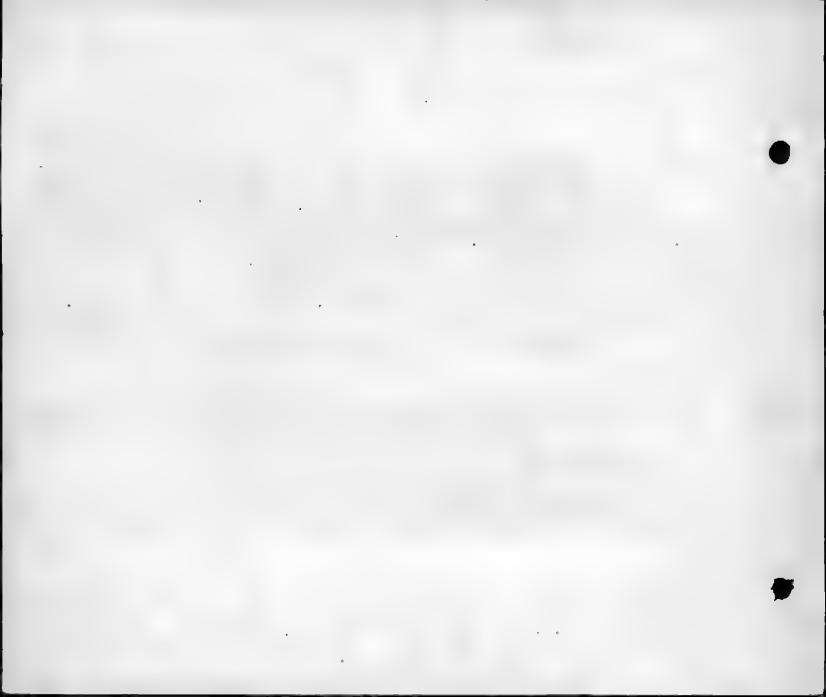
PERFORMED? YES | NO |X

(Stote)

DATE SIGNED

(State)

1061



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where decassed lived, If institution: Residence before admission] ay is ne...al director. Par...ar Jour files. e. COUNTY b. COUNTY Somerset Marvland Somerset MARYLAND b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporeta limits, write RURAL and giv., naerast town) write RURAL and give neerest town? yrs. Cristield 36 Crisfield. Maryland d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E 4th Street YES NO 4th Street NAME OF Midd e 4. DATE DECEASED the (Type or print) Lester Ward DEATH March 10 61 Serena 10 wij. 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED may b age 5 may 1 and 2 wil 72 hours last birthday) 2, and Months Hours Male DIVORCED X 36 Negro WIDOWED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Laborer Maryland Item 18. Give Pages with form PM3. Pages pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Coston Lester Serena Ward 9 event 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address permit. [Yes, no, or unkown) [[[fyesgivawarordatesofservice] Bertha Ward S. 4th St. WW II 18. CAUSE OF DEATH |Enter on y one cause per line for (e), (b), end (c). INTERVAL BETWEEN along transit pand in ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary thrombosis. IMMEDIATE CAUSE (a) Unknown (Patient was dead when seen by me. Office There was onset of rigor mortis. Conditions, if any, which gave rise to immadiate cause 15 DUE TO (e), stating the underlying Examiner cause last. should be used ial, cremation, c PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION & VEN IN PART 110: 19. WAS AUTOPSY PERFORMED? te the certificate, writing the word Medical CERTIFICA NO DO 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Chief Jage 3 s to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work CTOP: 21. I certify that I took charge of the remains described above, held an Autopsy |, Inspection | P Inquiry and in my opinion death resulted from. Natural causes Accident . Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL. SIGNATURE DEPUTY MEDICAL EXAMINER TY Mar. 11.1961 EXAMINER'S C. G. Rawley, M. D. NAME (Type) Address (Street, city, town, or county) DEP 22e. BLNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily, lown, or country) (State) REMOVAL (Specify) 40 8 Buria Asbury Cemetery Crisfield Marvland 23. FUNERAL DIRECTO 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Home. 5M 7/59

Marthey F. Wind

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9909	CERTIFICA	ATE OF DEA	TH		(13558
PLACE OF DEATH	RSET	MARYLAND	g. STATE	E (Where deceased live R YL AND	b. COUNTY ~	MER SE T
b CITY OR TOWN (If or RURAL and give neore	utside corporate limits, write est town)			(If outside corporate I	imits, write RURAL and	give nearest town)
URIS	IF LELD	65 YRS.	d. STREET ADDR	ISFIELD		e. 15 RESIDENCE
7	(If not in hospital, give street CHIE BLVD				ØD.	ON A FARM? YES NO.
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	WALTI	ER EDWARD	WARD	DEATH	MAR CH	8 1961
MALE 6	1	RRIED A NEVER MARRIED DIVORCED	7-30-18		GE (n years IF UNDE st birthdoy) Manths	Doys Hours Min
	773555	b. KIND OF BUSINESS OR IND				TIZEN OF WHAT COUNTRY
during most of warking Bealer	life even if retired)	Seafood Indust:		RYLAND		U.S.A.
FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		
E_D	WARD W.	ARD	SAL	LY DI	ZE	
WAS DECEASED EVER IN	farinas in a media an anus anus an		INFORMANT		Address	
(If y	WW I	22 0-32- 0615 A	Rs. Mabe	L WARD,	CRISFIE	LD, MD.
Conditions, if ony, gove rise to imm couse (o), stating the lying couse lost.	rediote (b)	STHMA				UNKNOWI
4	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(0) 19 WAS AUTOPS' PERFORMED? YES NO
	INDERLYING 206 DE CAUSE OF DEATH DICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED (Enter noture of inju	ry in Port I or Port II o	filem 18)	
20c. TIME OF INJURY Hour o. m. p. m.	Whil		PLACE OF INJURY (Home factory, street, office bld	p, farm 20f. (City or to	own]	(County) (Stat
21 I certify that (l) (this haspital) after	nded the deceased fram	Nov.			.6.1 that (1) (we) la
saw the deceased	alive on OT/T	61 19 , and that	death accurred at	L.B. M. fram the	causes and an th	22h DATE
Che	relen 7. Li	throws	M D PHYS	MED S	TAFF HYS	3-7-619NE
		LITHGOW, M.		N BLDG.	CR ISFIEL	D, MARYLA
3a. BUR AL, CREMATION,	Mar.11,1961	236 NAME OF CEMETERY Sunnyridge		238 LOCATION Crisfi	(C ty town, or county)) (State)
4. FUNERAL DIRECTOR'S S	GNATURE SonsCrisf	ADDRESS	250	REC'D BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
Drausiaw (Donsorisi	Teld' MG.	DA	MAR 1 3 '61	Chillus 8	Kraua

may be a rector. Set the haspital ar attending physician.

O FUNERA CARECTOR: After this certificate has been signed by the attending physician and campletely filled of the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs offer death TO FUNERS

TO NESSITAL OR ETTENDING EHYSICIEN: The law requires that the death certificate De executed within 24 hours after death. Tage 4 VR A15 (4) 15M 9/59



FOR STATE necessary, actor, Page al director, Page for your files. STEET TO State the them 18. Give Pages 1, 2, and 3 to 1 with form PM3. Page 5 mey by permit. File pages 1 and 2 with n any event within 72 hours effi elong fransit Office **burial-t** . the word "pending Medical Examiner" pesn cremation, 2 plnous ICAL.

o certificate, w.,

do to the Chies.

R. Page 3. writing to Chief A MEDICAL DIRECTO designated Should be for pluods EP Q40 p 0 L

CERTIFICATION

220. BURIAL, CREMATION, 226, DATE THEREOF

Bradshaw & Sons, Crisfield, Maryland

REMOVAL (Specify)

23. FUNERAL DIRECTOR

Burial

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY e. STATE **b.** COUNTY Somerset Maryland Somerset MARYLAND b. C TY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Rehobeth 6 Weeks Manokin d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? RFD. Marion Station Rural YES TO NO TO 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) ETHEL. n. WARWICK DEATH 28 19 61 March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BURTH 9. AGE (In years | IF JNDER 1 YEAR E UNDER 24 HRS. last birthday) Months Female. White WIDOWED K DIVORCED [August 8. 1881 10a, JSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Sleie or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Salisbury. Maryland USA Practical Nurse Nursing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Williams Thomas Dennis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yes, no, or unkown] (If yes give wer or dates of service) Mrs. Earl Price, RFD, Marion Station, Md. No None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis. IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which (b) geve rise to Immediate cause **DUE TO** (e), stating the underlying cause lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY PERFORMED? Mass apex right lung. 208. EXTERNAL CAUSE WAS 208. DESCRIBE HOW tht lung. (Carcinoma, lung (?)) 20b. DESCRIBE HOW INJURY OCCURED. (Enter polyro of injury in Part I or Port II of item 18.) NO TO PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion Natural causes X Accident Suicide Undetermined manner death resulted from: Homicide CH EF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3-30-61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) C. G. Rawley, M. D. Address (Street, city, town, or county) Crisfield, Maryland

226. NAME OF CEMETERY OR CREMATORY

Grace ME Cemetery

ADDRESS

22d. LOCATION (City, lown, or country)

240, REC'D BY REGISTRAR I 246, REGISTRAR'S SIGNATURE

'61

DATE APR 4

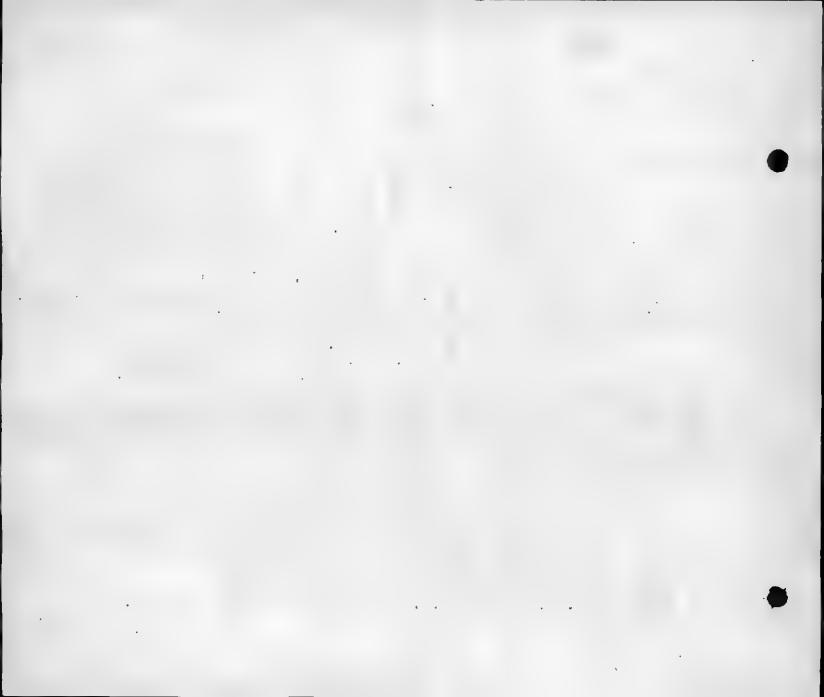
Pittsville, Maryland

animy S. Thous

VS. A15ME 5M 7/59

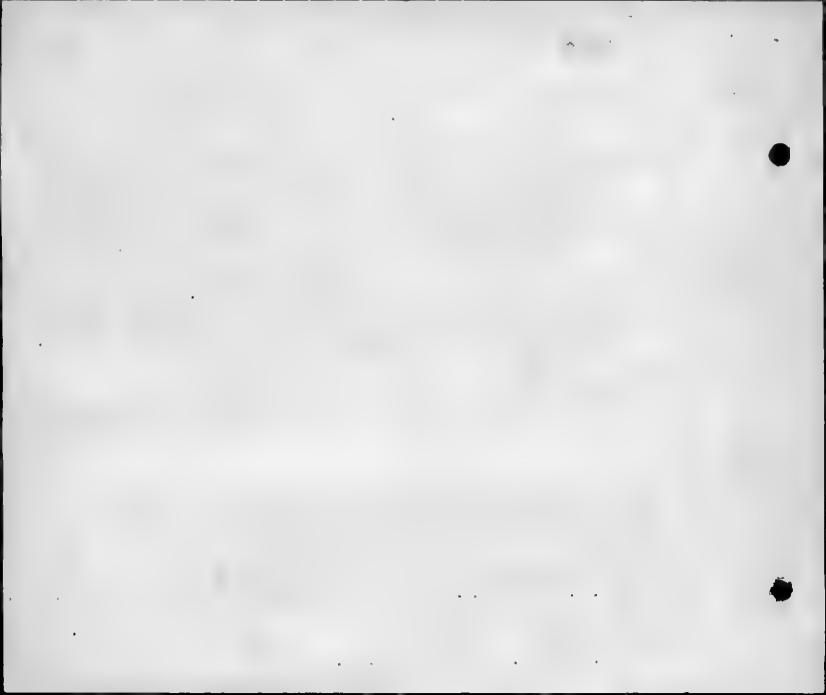


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	3567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.()3560
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY SOWIETS ET MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY SOWIETS ET
sory, plector. Po our files, of Health	b CITY OR TOWN (If outside corporate limits, win a RURAL ord give nearest lown) C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest lown)
a for y Board	d. NAME OBGOSPITAL OF INSTITUTION (If not in hospital, give street address) d. SEEFT ADDRESS A SEEFT ADDRESS DO A FARM. YES D NO D
deloy re Sta	3. NAME OF DECEASED (Type or print) Emory Mattin Waters 4. DATE Month Doy Year (Type or print) Emory Mattin Waters DEATH 3 12 1961
If any 3 to the may be with the orrs after	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In year) IF UNDER 1YEAR IF UNDER 24 HRS
death. 2, and age 5 and 2 and 2	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZENDE WHAT COUNTRY? 13 CA TOTAL T
ra ofter pges 1. PM3. F oges 1	13 FATHER'S NAME 14 MOTHER'S WAIDEN NAME 17 MOTHER'S WAIDEN NAME 18 MOTHER'S WAIDEN NAME
24 hour Cive Program form File program my ever	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 11 yes, give was or derive of service) 2 2 2 16 - 7254
m 18. m 18. mg will permit. nd in a	18. CAUSE OF DEATH [Enter only one couse per l'ine for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: Company the mambaget of Company the Company the mambaget of Company the Company the mambaget of Company the Company t
it in the afternation of the aft	but to attack 2 yrs. ago. Hospitalized McCready aneous
in pend fire pend byridi	Conditions, if only, which (b) Memorial Hospital.) Found dead in bed. [gave rise to immediate couse (o), stoling the underlying DUE TO
ore short rading: Examinated as a marron,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
certific rd "per ledical l be ess ol, cre	YES NO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO
R: This the work Chief A should to buri	20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) Hour e.m.
Ming the rior	
EXAA ste, wri ded to OR: Po gent, p	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . and in my apinion death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined manner .
EDICAL ferrifico ferwan oled o	ACTUAL SIGNATURE
design	EXAMINER'S C. G. RAWLEY, M.D. DEPUTY MEDICAL EXAMINER Mar. 13, 1961
O STATE OF S	BULLIA STON COUNTY LOCATION (CIP), DAY THEREOF (1 220 NAME OF CEMETERY OF CHEMATORY KINGS TON, SOM CO. (Stole) Md.
VS. A15ME 5M 2/57	TIENERA DIRECTOR'S SIGNATURE / Ward - Marien Standard DATE 120. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence befor, edmission) a. COUNTY necessary, ector, Page a. STATE L. COUNTY Somerset Maryland Somerset MARYLAND b. C TY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) director. write RURAL end give neerest town) Rt. 3, Princess Anne Rural, Princess Anne 30 Yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ò ON A FARM YES NO P 3. NAME OF Farst Middle 4. DATE Month DECEASED Washington (Type or print) Harry Waters DEATH March 1961 5. SEX DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last_birthday) Months age 5 may 1 and 2 wi 72 hours Deys lial e Colored WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Food Processing Laborer U.S.A. Maryland pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Waters Elizabeth Atkinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. INFORMANT 826 N. Adrayson Street (Yes, no, or unknwn) | (Ifyesgivewerordatesofservice) Marie Patterson- Baltimore, Maryland perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH Suo PART I. DEATH WAS CAUSED BY: 6 Yrs Pulmonary Tuberculosis IMMEDIATE CAUSE (e) Office burial-t DUE TO Conditions, if any, which (6) geve rise to immediate cause 10 DUE TO (a), sleting the underlying cause lest. nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEDA 8 led.cal NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Page 3 s. 2Dd, INJURY OCCURRED ! 2De, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) While st work st work prior te 다. Inspection XX 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Natural causes AX Undetermined manner death resulted from: Accident Su cide Homicide DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ALK EXAMINER'S should | H. Johnson, M.D. Address (Street, city lown, or county Princess Anne-Som.Co.Md. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, lown, or country) 228. BURIAL, CREMATION, 226, DATE THEREOF REMOVAL (Specify) Grace Cemetery Venton Burial 23. FUNERAL DIRECTOR ADDRESS 24e, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE MAR 2 8 '61 arihun S. Thous VS ATSME William H. James Jr. Princess Anne, Md. DATE 5M 9 60

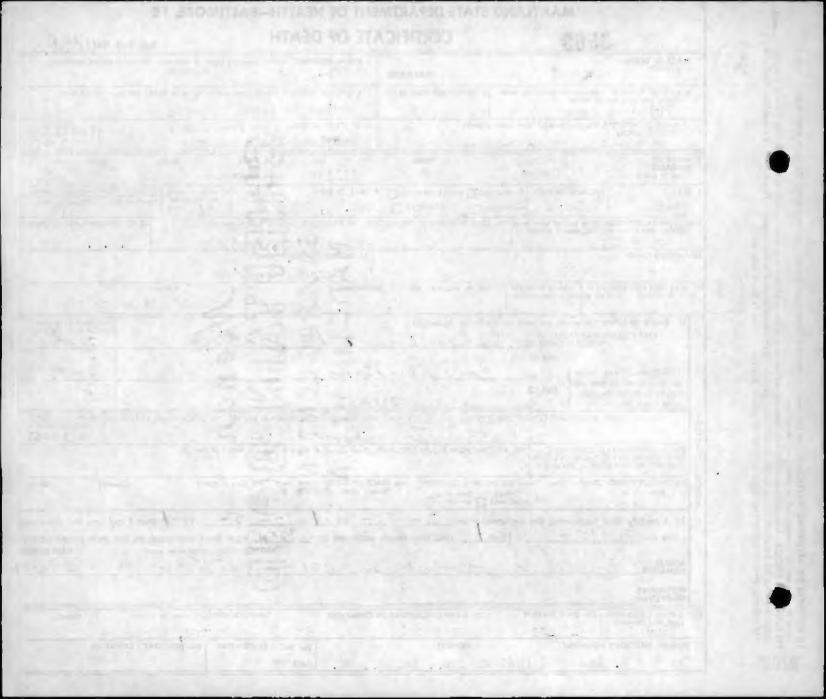
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 Film C283 23/61 in the case of DEATH

Reg. Dist. No.1) 3562

Hour o.m. p. m. 19 While of work of w	1. PLACE OF DEATH o. COUNTY	Commerset		MARYLAND		yland	re deceased live	J. If institution b. COUNTY	on: Residen	se before or	dmission)
Trincess Anne d. NAME OF DOCPHAL (if not in bospital, give breet address) Waryland State College Maryland State College Maryland State College Nervand State College North Maryland State College North Mark Of Doctass Direct Market Direct Direct Market Direct	b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	E. LENGTH OF STAY IN 18	1 4		•	imils, write R	URAL ond	give nearest	town)
d. Street Address the President of College Maryland State College	Princes	ss Anne			X Prin	cess A	nne (lived	on c	ampus	home o
NAME OF PETAL COLOR OF RACE No Detail Dent V Williams Path March 15 1961 5. SEX Female Colored 7. MARRIED NEVER MARRIED OF DOWN CED OF COLOR OF RACE (In year of more of mor	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street o	ddress}		91	he Pres	ident			
DECEASED Type or print Type or	Mar	yland State	Coll	ege	/ Maryl	and St	ate Col	lege			
5. SEX PEMBLE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED COL. 4, 1906 9. AGE (in year) IF UNDER 1 YEAR IF UNDER 2 HER PEMBLE COLOR OR RACE MIDOWED DIVORCED	DECEASED		••				OF		_		- A
The part Colored Widowed Divorced Oct. 4, 1906 Strate Strate Strate				· ·						- 60	
100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CHIZEN OF WHAT COUNTS during most of working life, even if retired. 13. FATHER'S NAME 14. MOTHER'S MANIEN NAME 14. MOTHER'S MANIEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. MOTHER'S MANIEN NAME 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. MOTHER'S MANIEN NAME 18. MOTHER'S MAINEN NAME 18. MOTHER'S MANIEN NAME 18.							lo	st birthdoy)			
Housewife I. Father's NAME Thomas Wendell Is. WAS DECEASED EVER IN U. S. ARMED FORCES? In S. SOCIAL SECURITY NO. INFORMANT NO II. CAUSE OF DEATH [Enter only one couts per line for [6], [6], and [6]] PART I. DEATH WAS CAUSED BY: II. CAUSE OF DEATH [Enter only one couts per line for [6], [6], and [6]] PART I. OF INTERVAL BETWEEN Conditions, if any, which gave rise to immediate cools in the standard course of the standard course	100. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPI	LACE (Slote o	The second secon		12. CIT	IZEN OF W	HAT COUNTRY?
13. FATHER'S NAME			,		Lexi	nøton.	Kentuc	kv	TT	. S. A.	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: 19. CAUSED BY: 19. CAUSED AND DUE TO Conditions, if any, which gave rise to immediate core in one of couse per line for (o), (b), and (c). 19. Caused and the core in one of couse per line for (o), (b), and (c). 19. Conditions are considered as a considered core in one of couse and one of couse (c), stoling the under lying couse lost. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY. 19. CONTRIBUTING CAUSE OF DEATH (c). 19. While hour o. m. 19. While Not while of work of the work. 20. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (fenter noture of injury in Port I or Fort II of item 18.) 21. I certify that I attended the deceased from factory, liked, office bidg., etc.) 22. I certify that I attended the deceased from factory, liked, office bidg., etc.) 23. I certify that I attended the deceased from factory, liked, office bidg., etc.) 24. LOCATION (Ciry, town, or county) 25. DATE SIGNATURE 26. DATE SIGNATURE 27. DATE THEREOF 27. NAME OF CEMETERY OR CREMATORY 27. DATE SIGNATURE 28. ENGALION. 28. DATE THEREOF 28. DATE THEREOF 28. DATE THEREOF 29. DATE SIGNATURE 29. CREMATION. 29. DATE SIGNATURE 29. CREMATION. 20. DATE SIGNATURE 29. CREMATION. 20. DATE SIGNATURE 29. CREMATION. 20. DATE SIGNATURE 29. CREMATION. 29. CREMATION. 20. DATE SIGNATURE 29. CREMATION. 29. C	13. FATHER'S NAME							.c.y	0	0,14,	
15. WAS DECEASED FUR IN U. S. ARNED FORCES? Tist. no. or unbrown!	Thomas	Wendell			Mar	y Alic	e Kline				
No John T. Williams - Maryland State College				OCIAL SECURITY NO. 17				Add	ress		
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Conditions, if any, which gove rise to immediate cose (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH POR CONTRIBUTING CAUSE OF INJURY OCCURRED While of work of work of work contributions of work of wor		ATH WAS CAUSED BY:	4	for (0), (b), and (c).	my + 1	Dehy	drate	on		INTERVA ONSET	AND DEATH
gaye rise to immediate code (b), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH (IF EITHER, NOTHER MAS UNDERLYING DATE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MODILY Month, Day, Year 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of ot work of factory, street, office bldg., etc.) 21. I certify that I attended the deceased from 2 - 7, 19 60, to 2 - 3 , 19 60, that I last saw the decease alive on 3 - 13 - , 19 60, that I date about ADDRESS (Street, city of town, stole) ACTUAL SIGNATURE ACTUAL SIGNATURE 220. BURIAL, CREMATION, 27b. DATE THEREOF Greenwood 220. BURIAL, CREMATION, 27b. DATE THEREOF Greenwood 220. BURIAL, CREMATION, 27b. DATE THEREOF Greenwood 221. FUNERAL DIRECTOR'S SIGNATURE 222. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2240. RECID BY REGISTRAR'S SIGNATURE	Conditions, if	man ankink t	/	at the on	atosis	U				3	nthe
Performent Per	cotise (a), stating	the <u>under-</u>		Ca oz B	reast		2.70			5	ys.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PART II. O	THER SIGNIFICANT CON	DITIONS CO	Exelute	SUT NOT RELATED TO	Can	IAL DISEASE CON	NDITION GIV	EN IN PART	PE	ERFORMED?
21. I certify that I attended the deceased from 3 = 7, 19 60, to 3 = 5, 19 60, that I last saw the decease alive on 3 = 15 = 19 60, and that death occurred at 1.30 °C. M., from the causes and on the date stated above ADDRESS (Street, city of town, state) ACTUAL SIGNATURE CLUL A DIVERSITY M.D. 901 - 4 to 51, force of 3 - 16 - 4 to 51, force of	200. ACCIDENT WOR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESC	RIBE HOW IN URY OCCUR	RRED. (Enter noture o	of injury in Po	ort I or Port II of	item 18.)			
alive on 3 - 15, 1262, and that death occurred at 1.30M, from the causes and on the date stated above ADDRESS (Street, city of town, state) ACTUAL SIGNATURE SIGNATURE ACTUAL SIGN	20c. TIME OF INJU Hour o. m. p. m.	10	While	Not while	PLACE OF INJURY I factory, street, office	Home, form, e bidg., etc.)	20f. (City or to	wn)	{C	County)	(Stole)
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 220. DATE THEREOF REMOVAL (Specify) 3-20-61 Creenwood 220. NAME OF CEMETERY OR CREMATORY Greenwood Lexington, Kentucky 230. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	actual signature Physician's	hat I attended the	/		7 -, 19 60 ath occurred at 2 M.D. 9		M, from the	causes a	nd on th	last saw the date s	the deceased toted above. DATE SIGNED 3-16-6
REMOVAL (Specify) Burial 3-20-67 Greenwood Lexington, Kentucky 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		ON 22h DATE THERE)F	772 NAME OF CONSTROY	OD CDEMAZORY	I d	204 LOCATION	Ch. I			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR'S SIGNATURE	REMOVAL (Specify	1			ON CREMATORY	1					(510te)
Charles R. Law 802 Madison Ave., Balto., Md. DATE MAR 20'61 Citing & Flows	23. FUNERAL DIRECTO	R'S SIGNATURE	Mod t =	ADDRESS	h = 3//2		BY REGISTRAR	24b, REGIS	TRAR'S SIC	SNATURE	- 7



FOR STATE ay is necessary, and is necessary, and is necessary, and is bear in a Baar in the life. TO DE; Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the bereal 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bd or its designated agent, prior to butial, cremation, or removal, and in any event within 72 hours after Death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M

/ision	of STATIST	FICAL RESEARC	CH AND RECORDS,	301 W. PRESTON S	TREE	, BALTIMORE	1, MARYLAND
	3570	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	03563

a. COUNTY	H		e. STATER						
Somerset		MARYLAND	• STATE Maryland b. COUNTY Somerset						
b. CITY OR TOWN (if outside corporata limits, I give naarast town]	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Wenona M		Life time	Wenona						
	TAL OR INSTITUTION (if not in		d. STREET ADDRESS			. IS RESIDENCE			
Manan	0		Main Ro	he		YES NO TO			
Wenon	First	Middla	Lest	Day	hand Bangl				
DECEASED		magno	LOSI	4. DATE Month OF DEATH March	-/				
	Mary Williams		~~~	1101 01.		1961			
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years I last birthday)	Months Days	Hours Min.			
Female	Colored wibo	WED DIVORCED	December 24,	1885 75 yrs.	10072	770012			
	TON (Give kind of work 1Db	. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?			
Retired	arking tila, aven il lelitadi	Retired	Maryland		U.S.	Δ.			
13. FATHER'S NAME		11001104	14. MOTHER'S MAIDEN	NAME	1 00 00	17.0			
Henry	Dogg		Priscill	a Jones					
		16. SOCIAL SECURITY NO. 1 17.		Address					
(Yas, no, or unkown) (lfyasgiva warordalasofservica)								
No		Not Known	Sarah Riley	Wilmington Del	and the same of th				
	DEATH (Enter only one cause p					ERVAL BETWEEN			
PARI J. DEAI	MMEDIATE CAUSE (a)	Acute Coronar	y Heart Dise	ase	pua	den death			
9200	DUE TO	TI-11 D1							
Conditions, if any	y, which 1 (b)	Fell Dead							
gava rise to immad	iale ceuse								
(e), staling the u	Indanying								
	P SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMI	NAT DISEASE CONDITION GIVE	N IN PART 1(a) 1 36	WAS ALITORSY			
OE PART III. OTHE	K SIGNIFICANI CONDITIONS	ON NO TO DEATH BOT IN	ST ALLATED TO THE TENTH	THE DISTAST CONDITION OFFE	1111761 1(0)	PERFORMED?			
5					Y	ES NO			
PART II. OTHE		CRIBE HOW INJURY OCCURED. (Enter nature of injury in Par	rt I or Part II of itam 18.)		46			
ZOc. TIME OF INJU			CE OF INJURY (Homa, fare		(County)	(State)			
Hour a.m.		hila Not Whila fac	tory, streat, offica bldg., atc	•1					
	17	remains described above, he	ald an Autonsy	Inspection X, Inquiry	(X) and	in my opinion			
						in my opinion			
death resulted	from: Natural causes	Accident, Suic	hand	Undetermined ma	nner 🔲				
	(a) (1 ()		CHIEF MEDICAL						
ACTUAL SIGNATURE	100 your		M.D. ASSISTANT MED	OICAL EXAMINER	- 0 - 1	ATE SIGNED			
EXAMINER'S			DEPUTY MEDICA	L EXAMINER TO MATCH	1 18, 196)I			
NAME (Typa)	R. H. Johnson			city, town, or county) Some					
22a. BURIAL, CREMATIC REMOVAL (Spacify	1)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,		(State)			
Burial	Mar. 19, 61	John Wesley	1 24 - DEC	Deal Island To By REGISTRAR 246. REGIS	Maryland	inc.			
23. SOMERAL DIRECTO	= 0 0 P	ADDRESS	240. REC		Luchua L. K.				
V. 12, W	water In	incess come	ma DATE	My 1 0 1	income &. The	ialth			
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VS. A15ME 5M 9/60

